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Substitute for Form PTO-875

Application or Docket Number

(Column 1)	(Column 2)
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MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.160)

* If the difference in column 1 is less than zero, enter "0" in column 2.

APPLICATION AS AMENDED – PART II

1, 17, 18,

TOTAL	
ADD'L FEE	

○

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(b))

TOTAL
ADD'L FEEOF

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
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